

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 11

Registered No. _____

County ApacheState Arizona

Township _____

or Village _____

City St. Johns

No. _____

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Charles Shreve

{ If child is not yet named, make supplemental report, as directed

3. Sex maleIf plural births ☒

Twin, triplet, or other _____

6. Premature _____

7. Legiti-

mate? ☒8. Date of birth July 8, 1930

(Month, day, year)

9. Number, in order of birth _____

Full term ☒9. Full name FATHERJames S. Shreve18. Full maiden name MOTHERDamar Gladys Kunkin

10. Residence (usual place of abode)

(If nonresident, give place and State) St. Johns, Ariz.

19. Residence (usual place of abode)

(If nonresident, give place and State) St. Johns, Ariz.11. Color or race Cau.12. Age at last birthday 39 (Years)20. Color or race Cau.21. Age at last birthday 39 (Years)13. Birthplace (city or place) St. Johns,(State or country) Arizona22. Birthplace (city or place) Alpine(State or country) Arizona14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Barber Shop16. Date (month and year) last engaged in this work 20

, 19 _____

17. Total time (years) spent in this work 2023. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

25. Date (month and year) last engaged in this work _____

, 19 _____

26. Total time (years) spent in this work _____

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn,

period of gestation _____

{ months or weeks

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report. 325-708-485

(Date of)

J. A. Armijo

Registrar.

(Signed) J. J. Bouldin

M. D.

or _____

Midwife

Address St. Johns, ArizonaFiled Aug 1, 1930

, 1930

J. A. Armijo

Registrar.

By J. S. Samsberg

In order of birth stated.